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To: County Clerks/Registrars of Voters (08049)

From: Lowell Finley <sup>By</sup> (2.50)  
Lowell Finley  
Deputy Secretary of State for Voting Systems Technology and Policy

Subject: **Voting Equipment Incident Reporting Form**

Attached is a standard reporting form to assist you in documenting any incidents you may experience with voting equipment in the upcoming election. Feel free to use this form or one of your own that includes the same information. Please contact me (916) 653-7244, or [Lowell.Finley@sos.ca.gov](mailto:Lowell.Finley@sos.ca.gov) if you have questions or need assistance.

## VOTING EQUIPMENT INCIDENT REPORT

Date/time of occurrence: \_\_\_\_\_ Incident #: \_\_\_\_\_

Polling place (or other location) \_\_\_\_\_ Precinct # \_\_\_\_\_

Inspector's Name: \_\_\_\_\_

Equipment involved (including Serial Number): \_\_\_\_\_

Report Completed by (name and telephone): \_\_\_\_\_

☐ Field Inspector/Rover    ☐ Voter    ☐ Poll worker    ☐ Other: \_\_\_\_\_

Voter name & telephone (if applicable): \_\_\_\_\_

Name/telephone of others who observed incident: \_\_\_\_\_

### Incident Description

1. Type of problem:

- ☐ Loss of power due to any cause
- ☐ Equipment frozen or otherwise non-operational (*describe below*)
- ☐ Ballot jammed (not including misfeeds easily corrected by reinsertion of ballot)
- ☐ Printer jammed
- ☐ Printer out of paper
- ☐ Incorrect ballot or contests displayed
- ☐ Vote not recorded properly
- ☐ Audio not functioning
- ☐ Physical access issue
- ☐ One or more security seals compromised (*identify seal numbers below*)
- ☐ Other (*describe in detail below*)

2. Detailed description of problem/symptom: \_\_\_\_\_

3. Describe actions leading up to the incident (*e.g., voter inserted activation card to start voting, voter inserted ballot into scanner upside down, poll worker hit key to issue activation card, etc*)

4. Error message or code displayed (in any): \_\_\_\_\_

5. Ballot number displayed on equipment public counter (if applicable): \_\_\_\_\_

## Action Taken

6. Was problem observed/confirmed? ☐Yes ☐No By Whom: \_\_\_\_\_

7. Was elections office Notified? ☐Yes ☐No

If yes, date/time: \_\_\_\_\_ Who was contacted: \_\_\_\_\_

Instructions they provided: \_\_\_\_\_

8. Identify actions taken to resolve the problem: \_\_\_\_\_

9. Was equipment removed from service immediately? ☐Yes ☐No

10. Was equipment replaced? ☐Yes ☐No If yes, complete below:

| Time | Failed Unit Serial # | New Unit replacement Serial # |
|------|----------------------|-------------------------------|
|      |                      |                               |
|      |                      |                               |
|      |                      |                               |
|      |                      |                               |

## RECORD OF SECURITY SEALS

| Device/Location | Failed Equipment | Replacement Equipment |
|-----------------|------------------|-----------------------|
|                 |                  |                       |
|                 |                  |                       |
|                 |                  |                       |
|                 |                  |                       |
|                 |                  |                       |
|                 |                  |                       |

11. Other information about incident: \_\_\_\_\_